Work Order (Bid Form)

WORK ORDER INFORMATION

Work Order Name:

Work Order Type: Weatherization

Audit Name: MADISON

CLIENT INFORMATION

Client Name:

Client ID:

Alt. Client ID: 16016SW-1353

AGENCY INFORMATION

Agency: SWHRA

Address: 1574 White AVE

Henderson, TN

Agency Contact: Oliver, Jerry

Address:

Agency Phone: (731) 989-5111

Fax:

Email Address:

Work Phone:

Cell Phone:

Email Address:

Company Name & License Numb	er:
Contractor's Signature:	

COMMENT

NOTICE:

All work performed and material must meet all requirements as stated in the Southeast Weatherization Field Guide. It is the contractor's responsibility to pull all necessary permits required for the town or county where the work is being performed. No change order work shall be done until the change order has been approved and signed. If heater is required no air sealing should be done before heater is installed.

731-424-2694

Client Name: Client ID:

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Measures

Measure 1 DWH	l Pipe Insulation			Componen	ts			Inspected
Comment							0 -4!	
# Material / Labor	Description / Comment	Units	Qty	Estimated Unit Cost	Total	Qty	Actual Unit Cost	Total
1 Insulation	DHW Pipe Insulation	Each	1	Omt Cost	, otal	QLy		70147
i ilisulation	Drive i pe insulation	Laon	·					
2 Labor	Labor	Each	1					
Other Detail		[
								LANCE TO SERVICE OF THE SERVICE OF T
			Measur	e Sub Total:			Sub Total:	
Field Notes:								
	ALL PARTY AND							
	Ins. R-30			Componen	ts A1		i	Inspected
Comment				Estimated			Actual	
# Material / Labor	Description / Comment	Units	Qty	Unit Cost	Total	Qty	Unit Cost	Total
1 Insulation	Attic Insulation - Blown	SqFt	1120		1100			
	Cellulose - Add 10 inches			<u> </u>	*	1	<u> </u>	
2 Labor	Labor	Hour	1120					
3 Construction Materials/Hardwar	Install access cover	Each	1				7.100.00	
e								
4 Labor	Labor	Hour			1			
Other Detail				<u> </u>		\	<u> </u>	
Name and the state of the state			Measur	e Sub Total:			Sub Total:	
Field Notes:				<u> </u>				
				,				

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Measure 3 CO	Components						nspected		
Comment			Estimated			Actual			
# Material / Labor	Description / Comment	Units	Qty	Unit Cost	Total	Qty	Unit Cost	Total	
1 Health and Safety Items	CO monitor	Each	1						
2 Labor	Labor	Hour	1				The state of the s		
Other Detail				,				······································	
] []] []			
	,		Measure Sub Total:			Sub Total:			
Measure 4 Pres	ssureRelief Piping Need	ded		Componen	ts		I	nspected	
Comment			Estimated			Actual			
# Material / Labor	Description / Comment	Units	Qty	Unit Cost	Total	Qty	Unit Cost	Total	
Health and Safety Items	Pressure relief piping	Each	1						
2 Labor	Labor	Hour	1				A AAPPAGAA WATTI		
Other Detail									
								,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
			L	ــانــــــــــــــــــــــــــــــــــ		J L	L L_		
			Measur	re Sub Total:] ,	Sub Total:		
Field Notes:			Measur	re Sub Total:		,	Sub Total:		

Client Name:

Client ID:

Alt. Client ID: 16016SW-1353

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